



District of Columbia
Veterinarian License Application
Request for Verification of Licensure

Name of Applicant _____
Social Security Number _____
License Number _____

Dear Sir/Madam:

The applicant whose name appears above has applied to the Board of Veterinary Examiners of the District of Columbia for a license to practice veterinary medicine. The applicant claims to be currently licensed to practice veterinary medicine in your state and claims the above license number. This request is being forwarded to you to verify that the applicant is currently licensed and in good standing to practice veterinary medicine in your state.

Each applicant for a veterinarian license by endorsement in the District of Columbia is required by statute to submit proof that the jurisdiction where the applicant is licensed will currently grant licenses to licensees from the District of Columbia without further examination. If your licensing board requires a reciprocity candidate from the District of Columbia to take any type of examination (written, oral, or practical) or any type of interview, your requirements should be specified in the "Remarks" section on Page 2 of this certification form.

Please complete and return this form to: District of Columbia Board of Veterinary Examiners

Department of Health
Health Professional Licensing Administration
Board of Veterinary Examiners
899 North Capitol Street, NE - First Floor
Washington, DC 20002

Your prompt attention to this request will expedite consideration of the candidate's application for licensure. Thank you in advance for your cooperation.

Verification of State Licensure in Veterinary Medicine

This document certifies that _____ (name of applicant) is the holder of a license in good standing to practice veterinary medicine in the state of _____.

License Number _____ was issued on _____ (date of issuance).

Is the license current? Yes No

Please provide the expiration date: _____

Issue basis: Examination Endorsement Reciprocity Waiver

Applicant was examined after submitting a diploma conferring the degree of _____ (type of degree) from _____ (name of education institution).

Has license ever been surrendered, suspended, or revoked? Yes No

If yes, has it been reinstated? Yes No (Please give full particulars on the reverse side of this form.)

Does your state grant licenses in veterinary medicine to licensees from the District of Columbia without further examination? Yes No

Remarks: _____

On behalf of the State of _____ Board of Veterinary Medicine, I certify that the above statements are correct.

Signature of Authorized Official

Date

Name and Title of Authorized Official (please print or type)